

APPENDIX 6
ORTHODONTIC SERVICES FEE SCHEDULE

Code	Label	Description of Services	Fee	Limitations
D8060	Initial visit – interceptive orthodontic treatment <i>(Transitional dentition)</i>	Initial office visit for diagnostic records, treatment plan and appliance placement upon approval for interceptive treatment of transitional dentition in order to prepare for later comprehensive treatment; and/or reduce the length or intensity of comprehensive treatment. Cannot be billed in the same month as D8670.	\$273	Limit = 1 per lifetime.
D8070	Initial visit -- comprehensive orthodontic treatment <i>(Transitional dentition)</i>	Initial visit for comprehensive treatment diagnostic records, treatment plan and appliance placement upon approval for comprehensive orthodontic treatment.	\$2,363	Limit = 1 per lifetime unless second approved by DHEC
D8080	Initial visit -- comprehensive orthodontic treatment <i>(Adolescent dentition)</i>	Code based on dentition stage at initial visit transitional, adolescent or adult. Cannot be billed in the same month as D8670.		
D8670	Periodic Office Visit	Periodic Office Visit Cannot be billed within 3 months of D8060, 8070, and D8080, or in the same month at D8680.	\$910	Limit to one (1) periodic reimbursement at midpoint of interceptive treatment. Limit to reimbursement at one-third and two-thirds of planned comprehensive treatment, for a maximum of two (2) reimbursements.
D8220	Harmful Habit Appliance	Creation and placement of fixed harmful habit appliances during interceptive or comprehensive treatment.	\$310	Limit = 1 per lifetime
D8680	Orthodontic retention	Final orthodontic visit for removal of appliances and retainer. Use of this code signals that treatment has concluded. Cannot be billed in same month as D8670.	\$1,636	Limit = 1 reimbursement for interceptive treatment, and 1 reimbursement for comprehensive treatment
D8999	Removal of Appliances only	Removal of braces for any Medicaid/CRS client not eligible for the CYSHCN Program- ie, transfers from another state, and other case-by-case determination	\$454	Limit= 1 per lifetime
D8703	Retainer replacement (Maxillary)	Replacement of lost or broken retainer Maxillary	\$125	Limit = 1 within 12 months of treatment completion
D8704	Retainer replacement (Mandibular)	Replacement of lost or broken retainer Mandibular	\$125	Limit = 1 within 12 months of treatment completion